

<i>SERFF Tracking Number:</i>	<i>HCAP-125432582</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>American Fire and Casualty Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>PL20080002</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0000 Homeowners Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Homeowners</i>		
<i>Project Name/Number:</i>	<i>Re-Branding Homeowners Forms/PL20080002</i>		

Filing at a Glance

Companies: American Fire and Casualty Company, The Ohio Casualty Insurance Company, West American Insurance Company

Product Name: Homeowners	SERFF Tr Num: HCAP-125432582	State: Arkansas
TOI: 04.0 Homeowners	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 04.0000 Homeowners Sub-TOI Combinations	Co Tr Num: PL20080002	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Becky Harrington, Betty Montesi, Brittany Yielding
	Author: Nancy Greene	Disposition Date: 01/30/2008
	Date Submitted: 01/18/2008	Disposition Status: Approved
Effective Date Requested (New): On Approval		Effective Date (New):
Effective Date Requested (Renewal): On Approval		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name: Re-Branding Homeowners Forms	Status of Filing in Domicile: Not Filed
Project Number: PL20080002	Domicile Status Comments: N/A
Reference Organization: N/A	Reference Number: N/A
Reference Title: N/A	Advisory Org. Circular: N/A
Filing Status Changed: 01/30/2008	
State Status Changed: 01/23/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

As a result of the acquisition of the Ohio Casualty Group by Liberty Mutual, we need to file the attached changes to our program. We are not at this time making any changes to our product which would affect our policy holder. Our effort at this time, is to simply "re-brand" this Declaration Page to more accurately reflect our new company reference direction due to the acquisition previously mentioned. Therefore, we are filing this as an informational filing.

<i>SERFF Tracking Number:</i>	<i>HCAP-125432582</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>American Fire and Casualty Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>PL20080002</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0000 Homeowners Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Homeowners</i>		
<i>Project Name/Number:</i>	<i>Re-Branding Homeowners Forms/PL20080002</i>		

Company and Contact

Filing Contact Information

Nancy Greene, Personal Lines State Filing Technician	Nancy.Greene@ocas.com
9450 Seward Road	(800) 843-6446 [Phone]
Fairfield, OH 45014-5456	(513) 603-2160[FAX]

Filing Company Information

American Fire and Casualty Company	CoCode: 24066	State of Domicile: Ohio
9450 Seward Road	Group Code: 111	Company Type:
Fairfield, OH 45014-5456	Group Name:	State ID Number:
(800) 843-6446 ext. [Phone]	FEIN Number: 59-0141790	

The Ohio Casualty Insurance Company	CoCode: 24074	State of Domicile: Ohio
9450 Seward Road	Group Code: 111	Company Type:
Fairfield, OH 45014-5456	Group Name:	State ID Number:
(800) 843-6446 ext. [Phone]	FEIN Number: 31-0396250	

West American Insurance Company	CoCode: 44393	State of Domicile: Indiana
9450 Seward Road	Group Code: 111	Company Type:
Fairfield, OH 45014-5456	Group Name:	State ID Number:
(800) 843-6446 ext. [Phone]	FEIN Number: 31-0624491	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50 per filing.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Fire and Casualty Company	\$0.00	01/18/2008	
The Ohio Casualty Insurance Company	\$50.00	01/18/2008	17570371

<i>SERFF Tracking Number:</i>	<i>HCAP-125432582</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>American Fire and Casualty Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>PL20080002</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0000 Homeowners Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Homeowners</i>		
<i>Project Name/Number:</i>	<i>Re-Branding Homeowners Forms/PL20080002</i>		

West American Insurance Company	\$0.00	01/18/2008
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SERFF Tracking Number:	HCAP-125432582	State:	Arkansas
First Filing Company:	American Fire and Casualty Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	PL20080002		
TOI:	04.0 Homeowners	Sub-TOI:	04.0000 Homeowners Sub-TOI Combinations
Product Name:	Homeowners		
Project Name/Number:	Re-Branding Homeowners Forms/PL20080002		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Becky Harrington	01/30/2008	01/30/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Becky	01/23/2008	01/23/2008			
Industry	Harrington					
Response						

Amendments

Item	Schedule	Created By	Created On	Date Submitted
AO 87 44 05 07	Supporting Document	Nancy Greene	01/18/2008	01/18/2008

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Response to Objection Letter	Note To Reviewer	Nancy Greene	01/28/2008	01/28/2008

SERFF Tracking Number:	HCAP-125432582	State:	Arkansas
First Filing Company:	American Fire and Casualty Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	PL20080002		
TOI:	04.0 Homeowners	Sub-TOI:	04.0000 Homeowners Sub-TOI Combinations
Product Name:	Homeowners		
Project Name/Number:	Re-Branding Homeowners Forms/PL20080002		

Disposition

Disposition Date: 01/30/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

<i>SERFF Tracking Number:</i>	<i>HCAP-125432582</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>American Fire and Casualty Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
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<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0000 Homeowners Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Homeowners</i>		
<i>Project Name/Number:</i>	<i>Re-Branding Homeowners Forms/PL20080002</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	No
Supporting Document	AO 87 44 05 07	Approved	No
Form	Declaration	Approved	No

SERFF Tracking Number: *HCAP-125432582* *State:* *Arkansas*
First Filing Company: *American Fire and Casualty Company, ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *PL20080002*
TOI: *04.0 Homeowners* *Sub-TOI:* *04.0000 Homeowners Sub-TOI Combinations*
Product Name: *Homeowners*
Project Name/Number: *Re-Branding Homeowners Forms/PL20080002*

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 01/23/2008

Submitted Date 01/23/2008

Respond By Date

Dear Nancy Greene,

 This will acknowledge receipt of the captioned filing.

Objection 1

 - Declaration (Form)

Comment: I'm unable to determine what has changed on the form. Provide an example of the logo that will be inserted.
Detail the changes made in the "re-branding".

Please feel free to contact me if you have questions.

Sincerely,

Becky Harrington

SERFF Tracking Number: *HCAP-125432582* *State:* *Arkansas*
First Filing Company: *American Fire and Casualty Company, ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *PL20080002*
TOI: *04.0 Homeowners* *Sub-TOI:* *04.0000 Homeowners Sub-TOI Combinations*
Product Name: *Homeowners*
Project Name/Number: *Re-Branding Homeowners Forms/PL20080002*

Note To Reviewer

Created By:

Nancy Greene on 01/28/2008 07:41 AM

Subject:

Response to Objection Letter

Comments:

I apologize for the confusion.

The only change we made was to remove the "Ohio Casualty Group" logo from the upper left corner of the Declaration page due to the acquisition of the Ohio Casualty Group by Liberty Mutual.

SERFF Tracking Number: *HCAP-125432582* State: *Arkansas*
First Filing Company: *American Fire and Casualty Company, ...* State Tracking Number: *EFT \$50*
Company Tracking Number: *PL20080002*
TOI: *04.0 Homeowners* Sub-TOI: *04.0000 Homeowners Sub-TOI Combinations*
Product Name: *Homeowners*
Project Name/Number: *Re-Branding Homeowners Forms/PL20080002*

Amendment Letter

Amendment Date:

Submitted Date: 01/18/2008

Comments:

The follwong forms should have been included in this filing.

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: AO 87 44 05 07

Comment: These forms should have been included in this filing.

AO87440507 rebranding.pdf

F 2376 10 00 Rebranding.pdf

<i>SERFF Tracking Number:</i>	<i>HCAP-125432582</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0000 Homeowners Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Homeowners</i>		
<i>Project Name/Number:</i>	<i>Re-Branding Homeowners Forms/PL20080002</i>		

Form Schedule

Review	Form Name	Form #	Edition	Form Type	Action	Action Specific	Readability	Attachment
Status			Date			Data		
Approved	Declaration			Declaration Replaced		Replaced Form #:0.00		Dec Page
				s/Schedule		Previous Filing #:		HO with
								IM.pdf

West American Insurance Company

<Insert marketing
company logo here>

9450 Seward Road, Fairfield, Ohio 45014
1-800-345-6664

Homeowner Declaration

POLICY NUMBER:
ZHW 40153103

POLICY PERIOD
From 03/19/2008 To 03/19/2009
12:01 am Standard Time

INSURED

TERRY DUVALL2008-002
2376 N TWELVE OAKS DR
FAYETTEVILLE, AR 72703-6118

AGENT 03 1050

VILLAGE INSURANCE CO., DIVISION
OF FIRST ARKANSAS INSURANCE
132 CORDOBA CENTER DR
HOT SPRINGS, AR 71909-4020

AGENT'S PHONE NO

(501) 922-1800



PRODUCER CODE
000

Dear Policyholder:

**THIS IS
NOT A
BILL**



Along with your Professional Independent Insurance Agent we thank you for your business. Enclosed is information regarding your insurance coverage. Please read these documents very carefully and contact your Independent Agent if you have any questions.

- If you have made additions or improvements to your property or purchased personal items of a significant value, such as furs or jewelry, please contact your Independent Agent to be sure you are properly protected.
- You will receive the billing statement under separate cover.
- We have enhanced your billing statement and made it easier to read.
- We now offer additional payment options including a no installment fee electronic funds transfer automated payment option. Additional information will be provided.



Policy Reminders

- **Verify that all information is correct.**
- **Call your agent if you have any changes.**
- **File these documents in a safe place.**

Important Messages

Important notice(s) explain changes to your coverage. Please review your policy to determine if any are attached.

Earthquake coverage Is available. Please review the "Notice To Policyholders" form OCH-152 attached to your policy.

Market 007.

To report a claim, call your Agent or 1-800-366-6446

NAMED INSURED: TERRY DUVALL2008-002
INSURED NEW BUSINESS

40153103

PROP 1406 OS1 11:58:47 12/20/2007 STATE: AR AGENT #: 1050

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West American Insurance Company

9450 Seward Road, Fairfield, Ohio 45014
1-800-345-6664

Homeowner Declaration

POLICY NUMBER:
ZHW 40153103

POLICY PERIOD
From 03/19/2008 To 03/19/2009
12:01 am Standard Time

INSURED

TERRY DUVALL2008-002
2376 N TWELVE OAKS DR
FAYETTEVILLE, AR 72703-6118

AGENT 03 1050

VILLAGE INSURANCE CO., DIVISION
OF FIRST ARKANSAS INSURANCE
132 CORDOBA CENTER DR
HOT SPRINGS, AR 71909-4020

(501) 922-1800



PRODUCER CODE
000

INSURED LOCATION: **2376 N TWELVE OAKS DR** **FAYETTEVILLE** **AR 72703 6118**

SUMMARY OF PREMIUM

Basic Premium	\$1,143.22
Scheduled Property Premium	\$63.95
Pleasure Boat Premium	\$347.16

TOTAL PREMIUM \$1,554.33

DISCOUNTS/CREDITS:

The TOTAL PREMIUM has been reduced for Central Station Reporting Fire Alarm

PROPERTY COVERAGE

A. DWELLING	\$149,000
B. OTHER STRUCTURES	\$14,900
C. PERSONAL PROPERTY	\$104,300
D. LOSS OF USE	\$59,600

LIABILITY COVERAGE

E. PERSONAL LIABILITY EACH OCCURRENCE	\$100,000
F. MEDICAL PAYMENTS TO OTHERS EACH PERSON	\$1,000

DEDUCTIBLE

Property Coverage: In case of loss, we cover only that part of the loss in excess of the deductible below, unless otherwise stated in policy forms or endorsements.

All Other Perils	\$500
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To report a claim, call your Agent or 1-800-366-6446

NAMED INSURED: TERRY DUVALL2008-002
INSURED NEW BUSINESS

40153103

PROP 1406 OS1 11:58:47 12/20/2007 STATE: AR AGENT #: 1050

West American Insurance Company

9450 Seward Road, Fairfield, Ohio 45014

1-800-345-6664

**Homeowner
Declaration**POLICY NUMBER:
ZHW 40153103POLICY PERIOD
From 03/19/2008 To 03/19/2009
12:01 am Standard Time

INSURED

AGENT

AGENT'S PHONE NO.

TERRY DUVALL2008-002

VILLAGE INSURANCE CO., DIVISION

(501) 922-1800**DESCRIPTION OF PREMISES**

YEAR BUILT	1987
CONSTRUCTION	FRAME
NUMBER OF FAMILIES	1
PROTECTION CLASS	4
TERRITORY	093
MARKET LEVEL	007
PRIMARY	YES
ALTERNATIVE HEATING DEVICE	NO
TOWNHOUSE	NO

Policy Forms and Endorsements

This policy consists of the declaration page, the forms listed below and your representations on the application that are incorporated into the policy. Please refer to the policy forms for detailed information regarding your coverage.

Policy Forms and Endorsements

If a form is revised during the policy term, the current edition date of the form will be substituted at renewal.

New forms are identified with an asterisk (*).

<u>Title</u>	<u>Form Number</u>	<u>Edition Date</u>	<u>Premium</u>
Supplemental Consumer Compliance Notice	* AO8744	05/07	
Arkansas Important Notice	* F 2376	10/00	
Homeowners 3 -Special Form	* HO0003	10/00	
Special Provisions - Arkansas	* HO0103	02/07	
Premises Alarm or Fire Protection System	* HO0416	10/00	
No Sect II Liab Cov For Home Day Care Bus-Lmt	* HO0496	10/00	
Sect I Prop Cov for Home Day			
Personal Property Endorsement - Attach to Homeowners Policy	* IM206	09/06	\$63.95
Punitive or Exemplary Damages Exclusion	* OCH147	05/00	
Notice To Policy Holders (Earthquake)	* OCH152	10/00	
Pride Homeowner Endorsement	* OCH162	06/07	INCLUDED
Additional Coverages Endorsement	* OCH163	10/00	
Amendatory Endorsement	* OCH231	03/07	
Lead Liability Exclusion	* OCH2444	10/00	
Special Amendatory Endorsement	* OCH254	03/07	
Pleasure Boat Policy Agreement - Arkansas	* PB1	04/98	
Pleasure Boat Policy	* PB3	06/07	\$336.16
Pleasure Boat Policy	* PB3	06/07	\$11.00

XX 99 99 99 99

To report a claim, call your Agent or 1-800-366-6446

West American Insurance Company

9450 Seward Road, Fairfield, Ohio 45014

1-800-345-6664

**Homeowner
Declaration**

POLICY NUMBER:
ZHW 40153103

POLICY PERIOD
From 03/19/2008 To 03/19/2009
12:01 am Standard Time

INSURED

AGENT

AGENT'S PHONE NO.

TERRY DUVALL2008-002

VILLAGE INSURANCE CO., DIVISION

(501) 922-1800

Insurance is provided only with respect to the coverages for which a limit of liability is specified, subject to all conditions of this policy.

AUTHORIZED SIGNATURE



To report a claim, call your Agent or 1-800-366-6446

NAMED INSURED: TERRY DUVALL2008-002
INSURED NEW BUSINESS

40153103

PROP 1406 OS1 11:58:47 12/20/2007 STATE: AR AGENT #: 1050

XX 99 99 99 99

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West American Insurance Company

9450 Seward Road, Fairfield, Ohio 45014

1-800-345-6664

Homeowners Personal Articles Schedule

POLICY NUMBER:
ZHW 40153103

POLICY PERIOD
From 03/19/2008 To 03/19/2009
12:01 am Standard Time

INSURED

TERRY DUVALL2008-002
2376 N TWELVE OAKS DR
FAYETTEVILLE, AR 72703-6118

AGENT 03 1050

VILLAGE INSURANCE CO., DIVISION
OF FIRST ARKANSAS INSURANCE
132 CORDOBA CENTER DR
HOT SPRINGS, AR 71909-4020

AGENT'S PHONE NO

(501) 922-1800



PRODUCER CODE
000

*** Important Notice ***

Attach to your policy

This policy insures scheduled personal articles for which an amount of insurance is indicated below or on attached schedules. This schedule is subject to the conditions of the Scheduled Personal Articles Coverage Supplement. The following is a brief description of each item covered. A complete description (as provided by the named insured is maintained in the company file.

<u>DESCRIPTION</u>	<u>AMOUNT OF INSURANCE</u>
• 14kt Yellow Gold Diamond ring	\$2,900.00
• 3KT diamond y/g tennis bracelet	\$2,800.00
• TOTAL JEWELRY	\$5,700.00

To report a claim, call your Agent or 1-800-366-6446

<i>SERFF Tracking Number:</i>	<i>HCAP-125432582</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>American Fire and Casualty Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>PL20080002</i>		
<i>TOI:</i>	<i>04.0 Homeowners</i>	<i>Sub-TOI:</i>	<i>04.0000 Homeowners Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Homeowners</i>		
<i>Project Name/Number:</i>	<i>Re-Branding Homeowners Forms/PL20080002</i>		

Supporting Document Schedules

Satisfied -Name:	AO 87 44 05 07	Review Status:	
		Approved	01/30/2008

Comments:

These forms should have been included in this filing.

Attachments:

AO87440507 rebranding.pdf

F 2376 10 00 Rebranding.pdf

**The Ohio Casualty Insurance Company
West American Insurance Company
American Fire and Casualty Company
Ohio Security Insurance Company
9450 Seward Road
Fairfield, Ohio 45014**

AO 8744 05 07

**IMPORTANT NOTICE
SUPPLEMENTAL CONSUMER COMPLIANCE NOTICE**

As part of the underwriting or rating requirements relevant to your insurance needs, we ordered the necessary consumer reports. Information contained in these reports was used to help determine your final premium.

The consumer reports that we requested included information from your credit history. Such information included, but was not limited to:

- the timeliness of debt repayments,
- the frequency and extent to which you have used credit, and
- the types of credit that you have used.

If most creditors consider your credit history to be "good" or "excellent", much of the information above was likely considered positively and contributed to a lower insurance premium.

The following lists details of the most negative information that we were able to find in your credit history. If there are no reasons shown below, please contact your agent for this information. This information may or may not have impacted the calculation of your final premium:

This description is intended to give general information only, and is subject to and controlled by the terms, conditions and exclusions stated in the actual policy forms. Policies may be underwritten by The Ohio Casualty Insurance Company, West American Insurance Company, American Fire and Casualty Company, and Ohio Security Insurance Company. Coverage is not available in all companies in all states.

AO 8744 05 07

**ARKANSAS
IMPORTANT NOTICE**

YOUR POLICY IS WRITTEN THROUGH ONE OF THE MEMBER COMPANIES OF OHIO CASUALTY GROUP. YOU MAY DIRECT INQUIRIES REGARDING YOUR POLICY TO ANY PARTY LISTED BELOW, HOWEVER, WE ENCOURAGE YOU TO MAKE INITIAL INQUIRIES TO YOUR AGENT WHOSE NAME, ADDRESS AND PHONE NUMBER APPEAR ON YOUR POLICY.

COMPANY

PERSONAL LINES BUSINESS CENTER
P.O. BOX 188060
FAIRFIELD, OH 45018
TELEPHONE (800) 345-6664

If your Agent or Company fails to provide you with reasonable and adequate service, you should feel free to contact:

INSURANCE DEPARTMENT

ARKANSAS INSURANCE DEPARTMENT
CONSUMER SERVICES DIVISION
400 UNIVERSITY TOWER BUILDING
LITTLE ROCK, AR 72204
TELEPHONE: (800) 852-5494

Policies are underwritten by The Ohio Casualty Insurance Company, West American Insurance Company, American Fire & Casualty Company, the Ohio Security Insurance Company, the Avomark Insurance Company or Ohio Casualty of New Jersey, Inc.